

SHORT FORM CONTRACT

(For agreements up to \$9,999.99)

STD. 210 (REV. 1/01)

CONTRACT NUMBER	AM. NO.	FEDERAL TAXPAYER I.D. NUMBER
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FOR STATE USE ONLY

STD. 204 ☐ N/A ☐ ON FILE ☐ ATTACHED ☐ CERTIFIED SMALL BUSINESS

CCCs ☐ N/A ☐ ON FILE ☐ ATTACHED 

CERTIFICATE NUMBER

☐ DVBE \_\_\_\_\_% ☐ N/A ☐ GFE \_\_\_\_\_

☐ Late reason \_\_\_\_\_

☐ Public Works Contractor's License \_\_\_\_\_

☐ Exempt from bidding (Explain) \_\_\_\_\_

1. The parties to this agreement are:

STATE AGENCY'S NAME, hereafter called the <b>State</b> .	CONTRACTOR'S NAME, hereafter called the <b>Contractor</b> .
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2. The agreement term is from \_\_\_\_\_ through \_\_\_\_\_

3. The maximum amount payable is \$ \_\_\_\_\_ pursuant to the following charges:

Wages/Labor \$ _____	Parts/Supplies \$ _____	Taxes \$ _____	Other \$ _____	(Attach list, if applicable)
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4. Payment terms (Note: All payments are in arrears.) ☐ ONE TIME PAYMENT (Lump Sum) ☐ MONTHLY ☐ QUARTERLY

☐ ITEMIZED INVOICE ☐ OTHER \_\_\_\_\_



5. The Contractor agrees to furnish all labor, equipment and materials necessary to perform the services described herein and agrees to comply with the terms and conditions identified below which are made a part hereof by this reference (Outline in exact detail what is to be done, where it is to be done and include work specifications, if applicable.) ☐ ADDITIONAL PAGES ATTACHED

EXHIBITS (Items checked in this box are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto)

☐ GTC\*Sf \_\_\_\_\_ ☐ GIA\* \_\_\_\_\_ \*If not attached, view at [www.dgs.ca.gov/contracts/](http://www.dgs.ca.gov/contracts/).

☐ Other Exhibits (List) \_\_\_\_\_

In Witness Whereof, this agreement has been executed by the parties identified below:

STATE OF CALIFORNIA		CONTRACTOR			
AGENCY NAME		CONTRACTOR'S NAME(If other than an individual, state whether a corporation, partnership, etc.)			
BY (AUTHORIZED SIGNATURE)	DATE SIGNED	BY (AUTHORIZED SIGNATURE)	DATE SIGNED		
					
PRINTED NAME AND TITLE OF PERSON SIGNING		PRINTED NAME AND TITLE OF PERSON SIGNING		TITLE	
ADDRESS		ADDRESS			
FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	OBJECT CODE
I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		SIGNATURE OF ACCOUNTING OFFICER			DATE SIGNED
		